


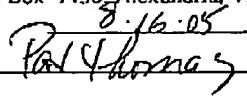
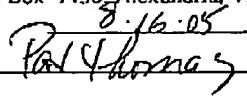
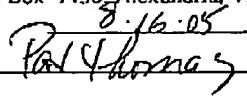


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| <b>REQUEST FOR<br/>CONTINUED EXAMINATION<br/>(RCE) TRANSMITTAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/667,122</td> </tr> <tr> <td>Filing Date</td> <td>September 21, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>William C. Moyer</td> </tr> <tr> <td>Group Art Unit</td> <td>2183</td> </tr> <tr> <td>Examiner Name</td> <td>David J. Huisman</td> </tr> <tr> <td>Attorney Docket Number</td> <td>SC11306TH</td> </tr> </table> | Application Number                                 | 09/667,122 | Filing Date                                                                                                                                                                                                                                                                                                  | September 21, 2000  | First Named Inventor | William C. Moyer                                                                                             | Group Art Unit | 2183                                                                                | Examiner Name | David J. Huisman | Attorney Docket Number | SC11306TH |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|--------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------|---------------|------------------|------------------------|-----------|
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 09/667,122                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| Filing Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | September 21, 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| First Named Inventor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | William C. Moyer                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| Group Art Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2183                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| Examiner Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | David J. Huisman                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| Attorney Docket Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SC11306TH                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| Address to:<br>Mail Stop RCE<br>Commissioner for Patents<br>P. O. Box 1450<br>Alexandria, VA 22313-1450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| <b>This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| 1. Submission required under 37 C.F.R. 1.114 Note: if the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Previously submitted. If a final Office Action is outstanding, any amendments filed after the final Office Action may be considered as a submission even if this box is not checked.             <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.</li> <li>ii. <input type="checkbox"/> Other _____</li> </ul> </li> <li>b. <input checked="" type="checkbox"/> Enclosed             <ul style="list-style-type: none"> <li>i. <input checked="" type="checkbox"/> Amendment/Reply</li> <li>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</li> <li>iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</li> <li>iv. <input type="checkbox"/> Other _____</li> </ul> </li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| 2. <input type="checkbox"/> Miscellaneous <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Suspension of Action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.117(i) required.)</li> <li>b. <input type="checkbox"/> Other _____</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| 3. <input checked="" type="checkbox"/> Fees The RCE fee under 37 C.F.R. 1.117 (e) is required by 37 C.F.R. 1.114 when the RCE is filed. <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. <b>503079, Freescale Semiconductor, Inc.</b> <ul style="list-style-type: none"> <li>i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. 1.17(e)</li> <li>ii. <input type="checkbox"/> Extension of time fee (37 C.F.R. 1.136 and 1.17)</li> <li>iii. <input type="checkbox"/> Other _____</li> </ul> </li> <li>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed..</li> <li>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| <table style="width: 100%;"> <tr> <th colspan="3" style="text-align: center;">SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</th> </tr> <tr> <td style="width: 30%;">Name (Printed/Type)</td> <td style="width: 40%;">Joanna G. Chiu</td> <td style="width: 30%;">Reg. No. 43,639</td> </tr> <tr> <td>Signature</td> <td></td> <td>Date 8/16/05</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED |            |                                                                                                                                                                                                                                                                                                              | Name (Printed/Type) | Joanna G. Chiu       | Reg. No. 43,639                                                                                              | Signature      |  | Date 8/16/05  |                  |                        |           |
| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| Name (Printed/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Joanna G. Chiu                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Reg. No. 43,639                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                   | Date 8/16/05                                       |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
| <table style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION</th> </tr> <tr> <td colspan="2">           I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U. S. Patent and Trademark Office on:         </td> </tr> <tr> <td style="width: 40%;">Name</td> <td>           Pat Thomas<br/>           Signature  </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CERTIFICATE OF MAILING OR TRANSMISSION             |            | I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U. S. Patent and Trademark Office on: |                     | Name                 | Pat Thomas<br>Signature  |                |                                                                                     |               |                  |                        |           |
| CERTIFICATE OF MAILING OR TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |
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| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Pat Thomas<br>Signature                                                                                                                                                                                                                                                                                                                                                          |                                                    |            |                                                                                                                                                                                                                                                                                                              |                     |                      |                                                                                                              |                |                                                                                     |               |                  |                        |           |

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